

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known)

Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

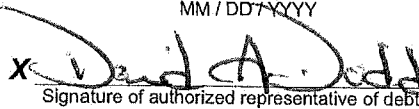
I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 8, 2018

MM/DD/YYYY

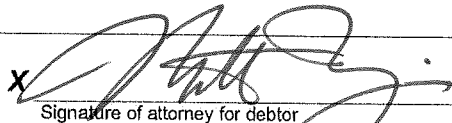
X 
Signature of authorized representative of debtor

David A. Dodd

Printed name

Title Chief Executive Officer

18. Signature of attorney

X 
Signature of attorney for debtor

Date May 8, 2018

MM/DD/YYYY

Matthew C. Zirzow 7222
Printed name

LARSON ZIRZOW & KAPLAN, LLC
Firm name

850 E. Bonneville Ave.
Las Vegas, NV 89101
Number, Street, City, State & ZIP Code

Contact phone 702-382-1170

Email address mzirzow@lzklegal.com

7222 NV

Bar number and State

Debtor Medizone International, Inc.
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.6215**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. *Check all that apply:*
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☐ No.
- ☒ Yes.

If more than 2 cases, attach a separate list.

District	<u>Nevada</u>	When	<u>4/18/18</u>	Case number	<u>Involuntary: 18-5041</u>
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor Medizone International, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☐ No☒ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☒ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? Test pathogens in Canadian lab

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☒ Other Canadian Human Pathogens & Toxins Act

Where is the property?
945 Princess St.
Kingston ON
K7L 0E9
Canada, 00000-0000

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☒ Yes.

Insurance agency

McGowan Insurance Group, Inc.

Contact name

Michael Highum

Phone

(317) 464-5000**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

**MEDIZONE INTERNATIONAL, INC.
CERTIFICATE OF SECRETARY**

I, the undersigned, Philip A. Theodore, do hereby certify as follows:

1. I am the duly elected Secretary of Medizone International, Inc., a Nevada corporation (the "Corporation"); and
2. The resolutions set forth below in this paragraph were duly adopted by the Board of Directors of the Corporation at a meeting duly called and held on May 4, 2018, and such resolutions remain in full force and effect as of the date of this Certificate:

Upon motion duly made and seconded, it was resolved:

THAT in the judgment of the Board, it is desirable and in the best interests of the Corporation, its creditors, employees, and other interested parties that a voluntary petition for relief be filed under the provisions of chapter 7 of title 11 of the United States Code (the "Bankruptcy Code"), thereby commencing a bankruptcy case on behalf of the Corporation (the "Bankruptcy Case");

THAT David A. Dodd (the "Responsible Person") shall be designated as the responsible person in the Corporation's Bankruptcy Case pursuant to Rule 9001(5) of the Federal Rules of Bankruptcy Procedure, and is authorized and directed to appear in all bankruptcy proceedings against or on behalf of the Corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such bankruptcy case;

THAT the Responsible Person and any employees or agents (including counsel) designated by or directed by any such person, be, and each hereby is, authorized, empowered and directed, in the name and on behalf of the Corporation, to execute and file all motions, applications, pleadings and other papers, and to take and perform any and all further acts and deeds that he or she deems necessary, proper or desirable in connection with the Bankruptcy Case, with a view to the successful conclusion of such case;

THAT the Responsible Person and any employees or agents (including counsel) designated by or directed by the Responsible Person, be, and each hereby are, authorized, empowered and directed, in the name and on behalf of the Corporation, to cause the Corporation to enter into, execute, deliver, certify, file and/or record, and perform such agreements, instruments, motions, affidavits, declarations, applications, certificates or other documents, and to take such other action as in the judgment of such person shall be or become necessary, proper, and desirable to effectuate a successful Bankruptcy Case of the Corporation; and

THAT any and all past actions heretofore taken by the Responsible Person of the Corporation in the name and on behalf of the Corporation in furtherance of any or all of the preceding resolutions be, and the same hereby are, ratified, confirmed, and approved.

WITNESS my hand, this 8th day of May, 2018.



Philip A. Theodore

Secretary

Medizone International, Inc.

I, the undersigned, David A. Esposito, do hereby certify that I am the duly elected Chairman of the Board of Directors of Medizone International, Inc., a Nevada corporation (the "Corporation"), and that the signature set forth above is the true signature of Philip A. Theodore, who is the duly elected Secretary of the Corporation.

A handwritten signature in black ink, appearing to read "David A. Esposito", written in a cursive style.

David A. Esposito
Chairman
Medizone International, Inc.

Fill in this information to identify the case:

Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

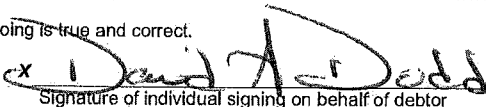
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 8, 2018


Signature of individual signing on behalf of debtor

David A. Dodd
Printed name

Chief Executive Officer
Position or relationship to debtor

Fill in this information to identify the case:Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 17,133,652.02**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 17,133,652.02**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 287,499.99**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 3,684,281.74**4. Total liabilities**
Lines 2 + 3a + 3b

\$ 3,971,781.73

Fill in this information to identify the case:Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Wells FargoChecking6745\$1,123.093.2. Wells FargoChecking6737\$1,544.13**4. Other cash equivalents (Identify all)****5. Total of Part 1.**\$2,667.22

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Lease deposits- Kingston, Ontario Canada office\$2,750.00

Debtor Medizone International, Inc. Case number (if known) _____
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$2,750.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

Valuation method used
for current value

Current value of
debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership

15.1. Medizone Canada, Inc., a corporation formed
under the Canada Business Corporation Act. 100% % Unknown

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description

Date of the last
physical inventory

Net book value of
debtor's interest
(Where available)

Valuation method used
for current value

Current value of
debtor's interest

19. **Raw materials**

20. **Work in progress**

21. **Finished goods, including goods held for resale**

See Exhibit A. \$0.00 \$290,057.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$290,057.00

24. **Is any of the property listed in Part 5 perishable?**

Debtor Medizone International, Inc.
Name

Case number (if known) _____

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 945 Princess St., Kinston ON K7L OE9, Canada	Lessee	\$0.00		\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor Medizone International, Inc.
Name

Case number (if known) _____

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets See Exhibit B.	\$0.00		\$323,388.80

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

\$323,388.80

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

				Current value of debtor's interest
71.	Notes receivable			
	Description (include name of obligor)			
	Medizone Canada, Inc.	0.00	120,519.00	\$120,519.00
		Total face amount	doubtful or uncollectible amount	
	Canadian Foundation for Global Health (CFGH)	0.00	2,307,270.00	\$2,307,270.00
		Total face amount	doubtful or uncollectible amount	

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Debtor Medizone International, Inc. Case number (if known) _____
 Name _____

Net Operating Loss as of 12/31/2017, and will expire in
 2035. Tax year Various \$14,087,000.00

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Potential claims against Edwin G. Marshall and Dr. Jill Marshall pursuant to that certain Separation and Release Agreements by and between them and the Company dated February 28, 2017, including without limitation, constructively fraudulent transfers or obligations, preferential payments, and breach of dispute resolution venue provision by filing an involuntary petition in an inappropriate forum.

Unknown

Nature of claim

Amount requested \$0.0075. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed Examples: Season tickets, country club membership**78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$16,514,789.0079. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor Medizone International, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$2,667.22	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$2,750.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$290,057.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$323,388.80	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$16,514,789.00	
91. Total. Add lines 80 through 90 for each column	\$17,133,652.02	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$17,133,652.02

Fill in this information to identify the case:

Debtor name Medizone International, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address David A. Dodd 4464 Spring Island Okatie, SC 29909 Date or dates debt was incurred 9/15/2017-4/30/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156,249.98 \$12,850.00
2.2	Priority creditor's name and mailing address Jude P. Dinges 10025 High Falls Pointe Alpharetta, GA 30022 Date or dates debt was incurred 1/30/2018-4/30/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,750.03 \$12,850.00

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2.3 Priority creditor's name and mailing address Philip A. Theodore 25 Wentworth Charleston, SC 29401 Date or dates debt was incurred <u>11/1/2017-4/30/2018</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$87,499.98</u> <u>\$12,850.00</u>
---	--	---------------------------------------

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1 Nonpriority creditor's name and mailing address American Stock Transfer Attn: Managing Agent PO Box 12893 Philadelphia, PA 19176-0893 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,802.50</u>
3.2 Nonpriority creditor's name and mailing address Betty M. Tanaka 21820 Delany Ln. Canoga Park, CA 91304 Date(s) debt was incurred <u>9/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,561.64</u>
3.3 Nonpriority creditor's name and mailing address Betty M. Tanaka 21820 Delany Ln. Canoga Park, CA 91304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$75,000.00</u>
3.4 Nonpriority creditor's name and mailing address Cassan Maclean 336 MacLaren Street Ottawa, Ontario Canada, K2P 0M6 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,345.83</u>
3.5 Nonpriority creditor's name and mailing address David A. Dodd 4464 Spring Island Okatie, SC 29909 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,040.09</u>

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3.6	Nonpriority creditor's name and mailing address David A. Esposito 6842 Shallowford Wy. Portage, MI 49024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid business expenses.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,132.29
3.7	Nonpriority creditor's name and mailing address David A. Esposito 6842 Shallowford Wy. Portage, MI 49024 Date(s) debt was incurred <u>3/1/2017-9/18/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid wages.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,750.00
3.8	Nonpriority creditor's name and mailing address Dr. Jill Marshall c/o Merle C. Meyers, Esq. Meyers Law Group, P.C. 44 Montgomery St., Ste. 1010 San Francisco, CA 94104 Date(s) debt was incurred <u>7/6/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note; for unpaid wages prior to 2009.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446,091.92
3.9	Nonpriority creditor's name and mailing address Dr. Michael E. Shannon RR 4 Picton ON KOK 2T0 CANADA Date(s) debt was incurred <u>7/6/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note; and unpaid wages prior to 2009.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111,109.00
3.10	Nonpriority creditor's name and mailing address Dr. Ronald K. St. John 1320 Potter Drive Manotick, Ontario Canada K4M 1C6 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,742.13
3.11	Nonpriority creditor's name and mailing address Durham Jones & Pinegar Attn: Managing Agent 111 S. Main, Ste. 2400 Salt Lake City, UT 84111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,753.38
3.12	Nonpriority creditor's name and mailing address Edwin G. Marshall c/o Meyers Law Group, P.C. Attn: Merle C. Meyers, Esq. 44 Montgomery St., Ste. 1010 San Francisco, CA 94104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,098,021.67

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3.13	Nonpriority creditor's name and mailing address EMA Partners, LLC Attn: Managing Agent 535 16th Street, Ste 820 Denver, CO 80202-4243 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
<hr/>			
3.14	Nonpriority creditor's name and mailing address Federal Filings, LLC Attn: Managing Agent 807 Brazos #403 Austin, TX 78701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,886.50
<hr/>			
3.15	Nonpriority creditor's name and mailing address Frank G. Rakas 10 Minerva Dr. Yonkers, NY 10710 Date(s) debt was incurred <u>1/29/2002</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsatisfied judgment, Supreme Court of NY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164,308.00
<hr/>			
3.16	Nonpriority creditor's name and mailing address G. Handel 6900 West Field Ave. Pennsauken, NJ 08110 Date(s) debt was incurred <u>1995</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139,366.41
<hr/>			
3.17	Nonpriority creditor's name and mailing address Gerald Sunnun 200 E. 33rd St. New York, NY 10016 Date(s) debt was incurred <u>2000-2009</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Accrued wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170,000.00
<hr/>			
3.18	Nonpriority creditor's name and mailing address Hogan Lovells US LLP Attn: Managing Agent 555 Thirteenth St, NW Washington, DC 20004-1109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,605.93
<hr/>			
3.19	Nonpriority creditor's name and mailing address Howard Feinsand Feinsand Busines Advisory 3131 Piedmont Road NE Ste. 100 Atlanta, GA 30305 Date(s) debt was incurred <u>1995</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,254.91

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3.20	Nonpriority creditor's name and mailing address John D. Pealer c/o Yoreko Pealer 212 Beaver Dr. Mechanicsburg, PA 17055 Date(s) debt was incurred <u>1995</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,084.11
3.21	Nonpriority creditor's name and mailing address John D. Pealer c/o Yoreko Pealer 212 Beaver Dr. Mechanicsburg, PA 17055 Date(s) debt was incurred <u>1995</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,257.50
3.22	Nonpriority creditor's name and mailing address Kaylene Kotter 4202 S. Marquis Way Salt Lake City, UT 84124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,607.00
3.23	Nonpriority creditor's name and mailing address Kevin Anderson Date(s) debt was incurred <u>2000-2009</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Accrued wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
3.24	Nonpriority creditor's name and mailing address L2 Capital, LLC Attn: Managing Agent 8900 State Line Rd., Ste. 410 Leawood, KS 66206 Date(s) debt was incurred <u>1/28/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,309.53
3.25	Nonpriority creditor's name and mailing address Parfco, LLC Attn: Managing Agent 350 E. Michigan Ave, Ste 500 Kalamazoo, MI 49007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,383.19
3.26	Nonpriority creditor's name and mailing address Philip A. Theodore 25 Wentworth Charleston, SC 29401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid tranvel expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,474.78

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3.27	Nonpriority creditor's name and mailing address Plesner Law Firm Amerika Plads 37 DK-2100 Copenhagen Denmark Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,035.14
3.28	Nonpriority creditor's name and mailing address PR Newswire Attn: Managing Agent G.P.O. Box 5897 New York, NY 10087-5897 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,245.00
3.29	Nonpriority creditor's name and mailing address Ruby Receptionists Attn: Managing Agent 805 SW Broadway, #900 Portland, OR 97205 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,018.00
3.30	Nonpriority creditor's name and mailing address S. Handel 6900 Westfield Ave. Pennsauken, NJ 08110 Date(s) debt was incurred <u>1995</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,475.64
3.31	Nonpriority creditor's name and mailing address SBI Investments LLC, 2014-1 Attn: Managing Agent 369 Lexington Avenue, 2nd Flr. New York, NY 10017 Date(s) debt was incurred <u>1/31/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,309.53
3.32	Nonpriority creditor's name and mailing address Sherry M. Adler 24 Coakley Ave. Harrison, NY 10528 Date(s) debt was incurred <u>1995</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178,498.18
3.33	Nonpriority creditor's name and mailing address Steve Hanni 303 N. Homestead Lane Fruit Heights, UT 84037 Date(s) debt was incurred <u>2000-2009</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00

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3.34	Nonpriority creditor's name and mailing address TOXCEL LLC Attn: Managing Agent 7140 Heritage Village Plaza Gainesville, VA 20155-3061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,227.48
3.35	Nonpriority creditor's name and mailing address USHIO America Attn: Managing Agent 5440 Cerritos Ave. Cypress, CA 90630 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,750.90
3.36	Nonpriority creditor's name and mailing address Zoutman Medical Consulting Attn: Managing Agent 18 Seaforth Rd. Kingston ON K7M 1E2 Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,833.56

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	L2 Capital, LLC c/o Smallbiz Agents, LLC Resident Agent 4021 SW 10th Topeka, KS 66604	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	L2 Capital, LLC c/o Edward Liceaga, Member 501 N. Clinton Street, Unit 603 Chicago, IL 60654	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	L2 Capital, LLC Attn: Adam Long, Member 2008 W. 81st Street Leawood, KS 66206	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	SBI Investments LLC, 2014-1 c/o Agents and Corporations, Inc. as Resident Agent 1201 Orange St. Ste. 600 Wilmington, DE 19801	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Sea Otter Global Ventures c/o Agents and Corporations, Inc. as Resident Agent 1201 Orange St., Ste. 600 Wilmington, DE 19801	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____	—

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2****5c. Total of Parts 1 and 2**
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 287,499.99
5b. +	\$ 3,684,281.74
5c.	\$ 3,971,781.73

Fill in this information to identify the case:Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease Agreement dated 9/30/2016, for premises located at 945 Princess Street, Kingston, Ontario, Canada
June 2018

State the term remaining

List the contract number of any government contract _____

9229205 Canada Inc.
Attn: Managing Agent
130 Alber Street, Ste. 210
Ottawa, ON K1P 564
Canada

2.2. State what the contract or lease is for and the nature of the debtor's interest

Employment Agreement dated 9/15/2017

State the term remaining

List the contract number of any government contract _____

David A. Dodd
4464 Spring Island
Okatie, SC 29909

2.3. State what the contract or lease is for and the nature of the debtor's interest

Change of Control Agreement date 9/19/2017

State the term remaining

List the contract number of any government contract _____

David A. Dodd
4464 Spring Island
Okatie, SC 29909

2.4. State what the contract or lease is for and the nature of the debtor's interest

Employment Agreement dated 3/1/2017

State the term remaining

List the contract number of any government contract _____

David A. Esposito
6842 Shallowford Wy.
Portage, MI 49024

Debtor 1 Medizone International, Inc.

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest Separation Agreement dated 2/28/2017

State the term remaining

List the contract number of any government contract

Dr. Jill Marshall
c/o Merle C. Meyers, Esq.
Meyers Law Group, P.C.
44 Montgomery St., Ste. 1010
San Francisco, CA 94104

2.6. State what the contract or lease is for and the nature of the debtor's interest Employment Agreement dated 7/16/2001

State the term remaining

List the contract number of any government contract

Dr. Michael E. Shannon
RR 4 Picton
ON KOK 2T0
CANADA

2.7. State what the contract or lease is for and the nature of the debtor's interest Change of Control Agreement dated 11/10/2017

State the term remaining

List the contract number of any government contract

Dr. Michael E. Shannon
RR 4 Picton
ON KOK 2T0
CANADA

2.8. State what the contract or lease is for and the nature of the debtor's interest Separation Agreement dated 2/28/2017

State the term remaining

List the contract number of any government contract

Edwin G. Marshall
c/o Meyers Law Group, P.C.
Attn: Merle C. Meyers, Esq.
44 Montgomery St., Ste. 1010
San Francisco, CA 94104

2.9. State what the contract or lease is for and the nature of the debtor's interest Insurance policy for: Commercial Property; General Liability; Automobile; Worker's Compensation and Umbrella Policy

State the term remaining

List the contract number of any government contract

Federal Insurance Company
Attn: Managing Agent

2.10. State what the contract or lease is for and the nature of the debtor's interest International Distribution and License Agreement, as amended, dated 11/12/2015

State the term remaining

GYD S.A.
Attn: Managing Member
Los Cactus 1558
Lo Barnechea, Santiago
CHILE

Debtor 1 Medizone International, Inc.

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest Employment Agreement dated 1/30/2018

State the term remaining _____

List the contract number of any government contract _____

Jude P. Dinges
10025 High Falls Pointe
Alpharetta, GA 30022

2.12. State what the contract or lease is for and the nature of the debtor's interest Change of Control Agreement dated 1/30/2018

State the term remaining _____

List the contract number of any government contract _____

Jude P. Dinges
10025 High Falls Pointe
Alpharetta, GA 30022

2.13. State what the contract or lease is for and the nature of the debtor's interest Securities Purchase Agreement dated 1/31/2018

State the term remaining _____

List the contract number of any government contract _____

L2 Capital, LLC
Attn: Managing Agent
8900 State Line Rd., Ste. 410
Leawood, KS 66206

2.14. State what the contract or lease is for and the nature of the debtor's interest Registration Rights Agreement dated 1/31/2018

State the term remaining _____

List the contract number of any government contract _____

L2 Capital, LLC
Attn: Managing Agent
8900 State Line Rd., Ste. 410
Leawood, KS 66206

2.15. State what the contract or lease is for and the nature of the debtor's interest Equity Purchase Agreement, as amended, dated 1/31/2018

State the term remaining _____

List the contract number of any government contract _____

L2 Capital, LLC
Attn: Managing Agent
8900 State Line Rd., Ste. 410
Leawood, KS 66206

Debtor 1 Medizone International, Inc.

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest Management liability insurance coverage

State the term remaining

List the contract number of any government contract

National Union Fire Insurance Company
Attn: Managing Agent

- 2.17. State what the contract or lease is for and the nature of the debtor's interest Products liability insurance coverage

State the term remaining

List the contract number of any government contract

Noetic Specialty Insurance Company
Attn: Managing Agent

- 2.18. State what the contract or lease is for and the nature of the debtor's interest Employment Agreement dated 10/25/2017

State the term remaining

List the contract number of any government contract

Philip A. Theodore
25 Wentworth St.
Charleston, SC 29401

- 2.19. State what the contract or lease is for and the nature of the debtor's interest Change of Control Agreement dated 10/25/2017

State the term remaining

List the contract number of any government contract

Philip A. Theodore
25 Wentworth
Charleston, SC 29401

- 2.20. State what the contract or lease is for and the nature of the debtor's interest Premium Finance Agreement dated 12/21/2017

State the term remaining

List the contract number of any government contract

8 months

Premium Assignment Corp.
Attn: Managing Agent
151 Kalmus Dr., Ste. C220
Costa Mesa, CA 92626

- 2.21. State what the contract or lease is for and the nature of the debtor's interest Securities Purchase Agreement, as amended, dated 1/31/2018

State the term remaining

List the contract number of any

SBI Investments LLC, 2014-1
Attn: Managing Agent
369 Lexington Avenue, 2nd Flr.
New York, NY 10017

Debtor 1 Medizone International, Inc.

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

- 2.22. State what the contract or lease is for and the nature of the debtor's interest
- Registration Rights Agreement dated 1/31/2018

State the term remaining

List the contract number of any government contract

SBI Investments LLC, 2014-1
Attn: Managing Agent
369 Lexington Avenue, 2nd Flr.
New York, NY 10017

- 2.23. State what the contract or lease is for and the nature of the debtor's interest
- Equity Purchase Agreement dated 1/31/2018

State the term remaining

List the contract number of any government contract

SBI Investments LLC, 2014-1
Attn: Managing Agent
369 Lexington Avenue, 2nd Flr.
New York, NY 10017

- 2.24. State what the contract or lease is for and the nature of the debtor's interest
- Employment Agreement dated 10/1/2017

State the term remaining

List the contract number of any government contract

Stephanie L. Sorensen
3104 W. Cisco Ridge Rd.
Taylorsville, UT 84129

- 2.25. State what the contract or lease is for and the nature of the debtor's interest
- Change of Control Agreement dated 11/1/2017

State the term remaining

List the contract number of any government contract

Stephanie L. Sorensen
3104 W. Cisco Ridge Rd.
Taylorsville, UT 84129

Fill in this information to identify the case:Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date**Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)

\$0.00

For prior year:
From 1/01/2017 to 12/31/2017☒ Operating a business☐ Other _____

\$0.00

For year before that:
From 1/01/2016 to 12/31/2016☒ Operating a business☐ Other _____

\$237,000.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor Medizone International, Inc.

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. See Exhibit C		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Frank G. Rakas v. Medizone International, Inc. No. 879800	Breach of Contract. Failure to pay consulting fees.	Supreme Court of New York Westchester County 148 Martine Ave. White Plains, NY 10601	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

Debtor Medizone International, Inc.

Case number (if known) _____

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Larson Zirzow & Kaplan, LLC 850 E. Bonneville Ave. Las Vegas, NV 89101		4/24/2018	\$15,000.00

Email or website address
mzirzow@lzklegal.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

Debtor Medizone International, Inc.

Case number (if known) _____

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 4000 Bridgeway, Ste. 401 Sausalito, CA 94965	2017 to 2/28/2017

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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Debtor Medizone International, Inc.

Case number (if known) _____

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Debtor Medizone International, Inc.

Case number (if known) _____

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed

25.1. Medizone Canada, Inc.
945 Princess Street, Ste. 213
Kingston ON K7L 0E9
Canada

Medical devices

EIN: 83843 5485 RC 0001

From-To Current

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. Tanner LLC
36 S. State Street, Ste. 600
Salt Lake City, UT 84111

2012 to current

26a.2. Stephanie L. Sorensen
3104 W. Cisco Ridge Rd.
Taylorsville, UT 84129

10/16 to current

26a.3. Kaylene Kotter
4202 S. Marquis Way
Salt Lake City, UT 84124

1/15 to current

26a.4. Boyd Evans
316 E. La Vera Lane
Sandy, UT 84070

4/16 to 9/16

26a.5. Thomas Auger
4685 Wander Lane
Holladay, UT 84117

8/13 to 4/16

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. Kaylene Kotter
4202 S. Marquis Way
Salt Lake City, UT 84124

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Debtor Medizone International, Inc.

Case number (if known) _____

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Margaret McClaren	12/18/2017	\$260,000

Name and address of the person who has possession of inventory records

Medizone
350 E. Michigan Ave., Ste. 500
Kalamazoo, MI 49007

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
David A. Esposito	6842 Shallowford Wy. Portage, MI 49024	Chairman and Shareholder	2.35%
David A. Dodd	4464 Spring Island Okatie, SC 29909	Chief Executive Officer, Director, Shareholder	0.48%
Dr. Michael E. Shannon	RR 4 Picton Ontario KOK 2T0 CANADA	President and Chief Scientific Officer, Director, Shareholder	0.21%
Vicent Caponi	8166 Darnley Court Indianapolis, IN 46260	Director	0.0%
Stephen F. Meyer	15 Sugal Mill Drive Okatie, SC 29909	Director, Shareholder	0.12%
Jude P. Dinges	10025 High Falls Pointe Alpharetta, GA 30022	Executive Vice President-Commercial Operations, Director	0.12%
Philip A. Theodore	25 Wentworth St. Charleston, SC 29401	Executive Vice President-Operations and Administration, General Counsel and Corporate Secretary, Shareholder	0.24%
Stephanie L. Sorensen	3104 W. Cisco Ridge Rd. Taylorsville, UT 84129	Chief Financial Officer	0.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor Medizone International, Inc.

Case number (if known) _____

☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Dwayne Montgomery	6127 Orchard Park Drive Frisco, TX 75034	Board Member	April 2017 to August 31, 2017

Name	Address	Position and nature of any interest	Period during which position or interest was held
Daniel Hoyt	5236 Fawn Hill Terrance Indianapolis, IN 46226	Board Member	Thru June 21, 2017

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Stephanie L. Sorensen 3104 W. Cisco Ridge Rd. Taylorsville, UT 84129	\$60,000	2017	Wages
	Relationship to debtor Chief Financial Officer			
30.2	Stephanie L. Sorensen 3104 W. Cisco Ridge Rd. Taylorsville, UT 84129	\$20,000	2018 YTD	Wages
	Relationship to debtor Chief Financial Officer			
30.3	Dr. Michael E. Shannon RR 4 Picton Ontario KOK 2T0 CANADA	\$80,000	2018 YTD	Wages
	Relationship to debtor President			
30.4	Dr. Michael E. Shannon RR 4 Picton Ontario KOK 2T0 CANADA	\$240,000	2017	Wages
	Relationship to debtor President			

Debtor Medizone International, Inc.

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.5	David A. Dodd 4464 Spring Island Okatie, SC 29909	1,000,000 shares of common stock	9/19/2017	Incentive for appointment as officer of corporation. Shares were voluntarily surrendered in an effort to provide more shares for financing efforts.
	Relationship to debtor Chief Executive Officer			
30.6	Philip A. Theodore 25 Wentworth St. Charleston, SC 29401	300,000 shares of common stock	11/1/2017	Incentive for appointment as officer of corporation. Shares were voluntarily surrendered in an effort to provide more shares for financing efforts.
	Relationship to debtor Executive Vice President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Medizone International, Inc. incorporated in Delaware, and dissolved in 2015.	EIN: 13-3329871
Medizone Canada, Inc., a wholly owned subsidiary incorporated in Canada.	EIN:
Canadian Foundation for Global Health, a not-for-profit foundation based in Ottawa, Candana	EIN:

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Fill in this information to identify the case:

Debtor name Medizone International, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

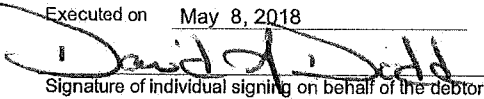
The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 8, 2018

Signature of individual signing on behalf of the debtor

David A. Dodd

Printed name

Position or relationship to debtor Chief Executive Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of Nevada**

In re Medizone International, Inc.

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	15,000.00
Prior to the filing of this statement I have received	\$	15,000.00
Balance Due	\$	0.00
2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 8, 2018

Date

Matthew C. Zirzow 7222

Signature of Attorney

LARSON ZIRZOW & KAPLAN, LLC

850 E. Bonneville Ave.

Las Vegas, NV 89101

702-382-1170 Fax: 702-382-1169

mzirzow@lzklegal.com

Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re Medizone International, Inc.

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Medizone International, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

CEDE & CO (FAST ACCOUNT)
PO BOX 20
BOWLING GREEN STATION
NEW YORK, NY 10004

☐ None [*Check if applicable*]

May 8, 2018

Date



Matthew C. Zirzow 7222

Signature of Attorney or Litigant
Counsel for Medizone International, Inc.

LARSON ZIRZOW & KAPLAN, LLC

850 E. Bonneville Ave.

Las Vegas, NV 89101

702-382-1170 Fax: 702-382-1169

mzirzow@lzklegal.com

EXHIBIT A

EXHIBIT A

Medizone International, Inc.
Inventory Details/Costs
March 31, 2018

Vendor	Date of Purchase	
		Original Quote - Direct Materials Tooling Charges Change Orders
Dr. Guenter B. Moldzio	7/2014	4 Generators - upgrade from II to III
Dr. Guenter B. Moldzio	8/14/15; 10/8/15; 11/1/15; 12/4/15	24 Ozone Generators - upgrade from II to III
C3	12/31/2015	Generators - upgrade C2 units sold
KWJ Engineering	2/4/2016	EcoSensors calibrations (pd by Capital One CC)
DHL Express (CA) Ltd	4/13/2016	Freight to ship KWJ Eco Sensor (pd by Wells Fargo CC)
US Air Purifiers LLC	2/25/2016	airpura C600 220V white 3 at \$899.98
USHIO America	2/23/16; 4/14/16; 6/17/16	new ozone generator to replace existing ones on units
Best Buy (Capital One CC)	6/4/2016	3 touch screen tablets - upgrade Gen II to Gen III
Pimoroni (Capital One CC)	6/4/2016	Touch screen frames - upgrade Gen II to Gen III
Quality Kits (Capital One CC)	6/4/2016	Boards (circuit) - upgrade Gen II to Gen III
Canada Computers (Capital One CC)	6/4/2016	computer parts for Mark 3
Uline (Capital One CC)	7/1/2016	3 24x48" aluminum platform truck - dollies for units sold to Chile to hold the various parts (i.e. ozone scrubbers) Boards(circuit)
Quality Kits (Capital One CC)	7/4/2016	new ozone generator
USHIO America	8/1/2016	portable ozone detector - purchased two and protective cases for Chile sale (third one being purchased and will be sent to Chile)
Geneq Inc	8/24/2016	order of 2 USB hubs for the units two pieces - one per unit for Chile sale
Mouser electronics (Capital One CC)	9/9/2016	Samsung tablets to be used as the remote station - sold with units and are necessary for the unit to function - to operate machine from outside of room being cleaned
Robotshop.com (Capital One CC)	9/9/2016	hardware/parts for units - for units sold to Chile
Best Buy (Capital One CC)	9/9/2016	dehumidifier to be used with the machine
DKC Digi Key	9/9/2016	
Global Industrial	9/9/2016	
Machine sold - not inventory		
Machine expensed - not inventory		
Obsolete Generators		
Units sold to Chile- Aug 2016		
USHIO America	11/4/2016	Conversion of 4 generators for use with the medical grade power supply (Inventory at Cogmedix)
DKC Digi Key	11/4/2016	Fuses for machines
US Air Purifiers LLC	12/5/2016	airpura C600 220V white 2 prong plug type for Denmark (3) @ \$899.99
Capital One	1/18/2017	-MULTIPLE-
Wood Wyant	1/20/2017	Purchase of 5 wood wyant gen II units
Digi-Key Electronics	1/27/2017	machine parts for upgrade to wood wyant machines
Capital One	2/1/2017	Omega (temp probe usb); Cable Wholesale (ethernet cables); Digikey
Omega	2/6/2017	Omega - machine parts for wood wyant upgrade (exch rate 1.311592)
Digi-Key Electronics	2/10/2017	parts for machine upgrades
Capital One	2/24/2017	2/17 Newark (2) touchscreens for machine upgrades (wood wyant)
Wells Fargo CC	3/3/2017	1/17 mouser electronics for machine upgrades
Mouser Electronics	3/8/2017	Mouser electronics - machine parts for upgrade (exch rate 1.347957)
Digi-Key Electronics	3/10/2017	parts or machine upgrades
USHIO America - pmts for 17 generators (need to allocate these to the appropriate machines)		
Wood Wyant upgrades		
Dr. Guenter B. Moldzio	8/14/15; 10/8/15; 11/1/15; 12/4/15	24 Ozone Generators - upgrade from II to III - per inventory observation at year end 17, obsolete generators
		Cost per Unit

USHIO 4 Gen's 220V SOLD TO CHILE Generation II Unit 4	USHIO 4 Gen's 220V SOLD TO CHILE Generation II Unit 5	USHIO 4 Gen's 220V SOLD TO CHILE Generation II Unit 6	Wood Wyant Generation II 5 Units	Totals
36,425.26	36,425.26	36,425.26		145,701.04
6,590.83	6,590.83	6,590.83		26,363.32
1,189.64	1,189.64	1,189.64		4,758.57
-	-	-		21,800.00
13,200.00	13,200.00	13,200.00		Unit is being used in lab and can/will be sold
				24 Denver Air UV ozone generators @ \$4,400/generator; 3 generators for each Canadian spec conversion
				105,600.00 or 13,200/system
845.73	845.73	845.73		(26,400.00) To upgrade existing Gen II to Gen III
56.82	56.82	56.82		3,382.90 Ecosensors will be loaded into existing units \$3,382.90
2,699.94	2,699.94	2,699.94		227.26
3,600.00	3,600.00	3,600.00		8,099.82 (3) 220V scrubbers ordered for the 220V unit (converted from 110 existing) to be sent to EMC and QPS
				32,400.00 9 generators at \$3,600 = \$32,400 (3 generators for each Canadian spec conversion) = 2/3 of payment to USHIO
314.62	314.62	314.62		943.85
14.93	14.93	14.93		44.79
51.48	51.48	51.48		154.43
14.17	14.17	14.17		42.51
454.52	454.52	454.52		1,363.57
99.57	99.57	99.57		298.70
892.02	892.02	-		4,231.17
				1 @ 3600 plus tax and shipping
				Third one is ordered and will be sent to Chile
				1,784.03
				671.06
				104.93
187.03	187.03	187.03		576.39
				175.62
				561.08
				(1,143.74)
				(4,592.13)
				(21,800.00)
(66,636.54)	(66,636.54)	(65,744.52)		(199,017.60)
				529.69
				11.57
				2,699.94
				1,712.01
				125,000.00
				291.60
				268.49
				2,026.36
				16.38
				235.10
				598.00
				985.19
				100.53
				70,884.90
				365.35
				(22,000.00)
(0.00)	(0.00)	-	202,483.91	290,056.68
				Total Inventory
				TB
				290,056.68
				Diff

EXHIBIT B

EXHIBIT B

MEDIZONE INTERNATIONAL, INC.
AMORTIZATION SCHEDULE - TRADEMARKS AND PATENTS
March 31, 2018

DESCRIPTION	METHOD	LIFE (yrs)	COST	DEPR PER MONTH	ACC. DEPR 12/31/17	EXPENSE 3/31/18	ACC. DEPR 3/31/18
AsepticSure trademark - filing fees	S/L	7	495.00	5.89	495.00	-	495.00
AsepticSure trademark - filing fees	S/L	7	275.00	3.27	275.00	-	275.00
AsepticSure trademark - Robert Hiron stock	S/L	7	14,750.00	175.60	14,750.00	-	14,750.00
Prior year - overstatement (50,000 shares issued to Robert Hiron)	S/L	7	(4,750.00)	(56.55)	(4,750.00)	-	(4,750.00)
Cassan Maclean - application fees	S/L	7	1,348.68	16.06	1,348.68	-	1,348.68
Xavier Morales - legal and filing fee	S/L	7	250.00	2.98	250.00	-	250.00
Cortspat Corporation - patent application review	S/L	7	10,212.50	121.58	10,212.50	-	10,212.50
Cortspat Corporation - 250,000 options granted	S/L	7	67,465.21	803.16	67,465.21	-	67,465.21
Cassan Maclean - patent fees	S/L	7	235.93	2.81	235.93	-	235.93
Cortspat Corporation - patent application review	S/L	7	7,837.50	93.30	7,837.50	-	7,837.50
Cortspat Corporation - patent application review	S/L	7	7,825.45	93.16	7,825.45	-	7,825.45
Cassan Maclean - patent application (Healthcare Facility Disinfecting System)	S/L	7	419.40	4.99	419.40	-	419.40
Cassan Maclean - patent application (Healthcare Facility Disinfecting System)	S/L	7	6,579.00	78.32	6,579.00	-	6,579.00
Cassan Maclean - patent application (Healthcare Facility Disinfecting System)	S/L	7	4,519.00	53.80	4,519.00	-	4,519.00
Cassan Maclean - patent application (Bio-Terrorism Counteraction)	S/L	7	1,313.92	15.64	1,313.92	-	1,313.92
Cassan Maclean - patent application (Food-Handling Facility Disinfection Treatment)	S/L	7	1,324.92	15.77	1,324.92	-	1,324.92
Cassan Maclean - patent application (Combating Insect Infestations)	S/L	7	1,329.13	15.82	1,329.13	-	1,329.13
Cassan Maclean - patent application (Sports Equipment and Facility Disinfection)	S/L	7	463.00	5.51	463.00	-	463.00
Cassan Maclean - patent application (Healthcare Facility Disinfecting System)	S/L	7	390.50	4.65	385.85	4.65	390.50
Cortspat Corporation - patent application review	S/L	7	2,625.00	31.25	2,593.75	31.25	2,625.00
Cassan Maclean - patent application (Bio-Terrorism Counteraction)	S/L	7	453.50	5.40	442.70	10.80	453.50
Cassan Maclean - patent application (Healthcare Facility Disinfecting System)	S/L	7	2,597.00	30.92	2,504.25	92.75	2,597.00
Cassan Maclean - patent application (Healthcare Facility Disinfecting System)	S/L	7	3,138.94	37.37	3,026.84	112.11	3,138.94
Cassan Maclean - patent application (Process for Sterilization of Air Spaces and Surfaces)	S/L	7	1,379.41	16.42	1,330.15	49.26	1,379.41
Cassan Maclean - patent application (Bio-Terrorism Counteraction)	S/L	7	586.08	6.98	558.17	20.93	579.10
Cortspat Corporation - patent application review	S/L	7	4,425.00	52.68	3,950.89	158.04	4,108.93
Cassan Maclean - patent application review and consulting (Healthcare Facility Disinfecting Process)	S/L	7	6,783.40	80.75	6,056.61	242.26	6,298.87
Cassan Maclean - international (PCT) application (Process for Sterilization of Air Spaces and Surfaces)	S/L	7	6,442.97	76.70	5,752.65	230.11	5,982.76
Cassan Maclean - international (PCT) application (Sports Equipment and Facility Disinfection)	S/L	7	6,140.38	73.10	5,482.48	219.30	5,701.78
Cassan Maclean - international (PCT) application (Combating Insect Infestations)	S/L	7	6,813.43	81.11	6,083.42	243.34	6,326.76
Cassan Maclean - international (PCT) application (Food-Handling Facility Disinfection Treatment)	S/L	7	6,601.50	78.59	5,894.20	235.77	6,129.96
Cassan Maclean - international (PCT) application (Food-Handling Facility Disinfection Treatment)	S/L	7	218.15	2.60	192.18	7.79	199.97
Cassan Maclean - international (PCT) application (Combating Insect Infestations)	S/L	7	218.15	2.60	192.18	7.79	199.97
Cassan Maclean - international (PCT) application (Sports Equipment and Facility Disinfection)	S/L	7	218.15	2.60	192.18	7.79	199.97
Cassan Maclean - international (PCT) application (Process for Sterilization of Air Spaces and Surfaces)	S/L	7	1,327.12	15.80	1,121.73	47.40	1,169.13
Cassan Maclean - patent application (Healthcare Facility Disinfecting System) - Korea	S/L	7	6,290.50	74.89	5,316.97	224.66	5,541.63
Cassan Maclean - patent application (Healthcare Facility Disinfecting System) - Brazil	S/L	7	1,838.57	21.89	1,554.03	65.66	1,619.69
Cassan Maclean - patent application (Healthcare Facility Disinfecting System) - US application	S/L	7	2,342.28	27.88	1,979.78	83.65	2,063.44
Cassan Maclean - patent application (Healthcare Facility Disinfecting System) - Singapore	S/L	7	7,665.40	91.25	6,479.09	273.76	6,752.85
Cassan Maclean - patent application (Healthcare Facility Disinfecting System) - Mexico	S/L	7	7,395.08	88.04	6,250.60	264.11	6,514.71
Cassan Maclean - patent application (Healthcare Facility Disinfecting System) - China	S/L	7	1,328.18	15.81	1,122.63	47.44	1,170.06
Cassan Maclean - patent application (Healthcare Facility Disinfecting System) - Japan	S/L	7					

Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - India	S/L	7	569.64	6.78	345.85	20.34	366.20
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - US	S/L	7	5,089.03	60.58	3,029.18	181.75	3,210.94
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - US	S/L	7	1,602.92	19.08	954.12	57.25	1,011.37
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Europe	S/L	7	1,501.98	17.88	894.04	53.64	947.68
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - US	S/L	7	653.20	7.78	381.03	23.33	404.36
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Canada	S/L	7	243.50	2.90	139.14	8.70	147.84
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - US	S/L	7	3,861.80	45.97	2,206.74	137.92	2,344.66
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - US	S/L	7	434.05	5.17	248.03	15.50	263.53
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Canada	S/L	7	(23.75)	(0.28)	(13.57)	(0.85)	(14.42)
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - US	S/L	7	(376.60)	(4.48)	(215.20)	(13.45)	(228.65)
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - US	S/L	7	(42.33)	(0.50)	(24.19)	(1.51)	(25.70)
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - China	S/L	7	2,716.15	32.34	1,519.75	97.01	1,616.76
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - India	S/L	7	328.50	3.91	183.80	11.73	195.54
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - US	S/L	7	608.91	7.25	340.70	21.75	362.45
Cassan Maclean - patent application (Food-Handling Facility Disinfection Treatment) - Canada	S/L	7	1,805.00	21.49	988.45	64.46	1,052.92
Cassan Maclean - patent application (Combating Insect Infections) - Canada	S/L	7	1,805.00	21.49	988.45	64.46	1,052.92
Cassan Maclean - patent application (Sports Equipment and Facility Disinfection) - Canada	S/L	7	1,805.00	21.49	988.45	64.46	1,052.92
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - US	S/L	7	1,731.85	20.62	927.78	61.85	989.63
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - India	S/L	7	222.63	2.65	119.27	7.95	127.22
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - US	S/L	7	279.35	3.33	149.65	9.98	159.63
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - Brazil	S/L	7	659.21	7.85	337.45	23.54	361.00
Cassan Maclean - patent application (Food-Handling Facility Disinfection Treatment) - Canada	S/L	7	342.36	4.08	175.26	12.23	187.48
Cassan Maclean - patent application (Combating Insect Infections) - Canada	S/L	7	340.52	4.05	174.31	12.16	186.48
Cassan Maclean - patent application (Sports Equipment and Facility Disinfection) - Canada	S/L	7	342.36	4.08	175.26	12.23	187.48
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - Japan	S/L	7	4,923.02	58.61	2,461.51	175.82	2,637.33
Cassan Maclean - patent application (Food-Handling Facility Disinfection Treatment) - Canada	S/L	7	234.64	2.79	117.32	8.38	125.70
Cassan Maclean - patent application (Combating Insect Infections) - Canada	S/L	7	234.64	2.79	117.32	8.38	125.70
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - Singapore	S/L	7	234.64	2.79	117.32	8.38	125.70
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - US	S/L	7	774.69	9.22	378.12	27.67	405.79
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - Europe	S/L	7	105.06	1.25	51.28	3.75	55.03
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - India	S/L	7	2,129.97	25.36	1,014.27	76.07	1,090.34
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - Europe	S/L	7	614.20	7.31	292.48	21.94	314.41
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - India	S/L	7	2,096.23	24.96	998.20	74.87	1,073.07
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Europe	S/L	7	5,354.98	63.75	2,486.24	191.25	2,677.49
Cassan Maclean - patent services (Healthcare Facility Disinfecting System) - China	S/L	7	5,356.32	63.77	2,423.10	191.30	2,614.39
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	148.32	1.77	65.33	5.30	70.63
Cassan Maclean - patent application (Sports Equipment and Facility Disinfection) - US	S/L	7	1,104.00	13.14	486.29	39.43	525.71
Cassan Maclean - patent application (Food-Handling Facility Disinfection Treatment) - Canada	S/L	7	379.44	4.52	162.62	13.55	176.17
Cassan Maclean - patent application (Combating Insect Infections) - Canada	S/L	7	380.37	4.53	163.02	13.58	176.60
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	378.51	4.51	162.22	13.52	175.74
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	3,566.41	42.46	1,486.00	127.37	1,613.38
Cassan Maclean - patent application (Combating Insect Infections) - Canada	S/L	7	462.54	6.81	238.31	20.43	258.74
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	571.95	6.81	238.31	20.43	258.74
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	3,451.29	41.09	1,355.86	123.26	1,479.12
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Europe	S/L	7	490.41	5.84	192.66	17.51	210.18
Cassan Maclean - patent application (Sports Equipment and Facility Disinfection) - US	S/L	7	1,433.76	17.07	546.19	51.21	597.40
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	291.45	3.47	111.03	10.41	121.44
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	2,664.24	31.72	951.51	95.15	1,046.67
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	5,021.29	59.78	1,673.76	179.33	1,853.10

Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	578.68	6.89	186.00	20.67	206.67
Cassan Maclean - patent services (Food-Handling Facility)	S/L	7	785.18	9.35	252.38	28.04	280.42
Cassan Maclean - patent services (Combating Insect Infestations)	S/L	7	1,515.58	18.04	487.15	54.13	541.28
Cassan Maclean - patent services (Sports Equipment & Facility)	S/L	7	207.50	2.47	66.70	7.41	74.11
Cassan Maclean - patent services (Sports Equipment & Facility)	S/L	7	6,268.90	74.63	1,716.48	223.89	1,940.37
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	1,391.00	16.56	331.19	49.68	380.87
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Europe	S/L	7	2,905.44	34.59	691.77	103.77	795.54
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	309.60	3.69	66.34	11.06	77.40
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Europe	S/L	7	2,106.00	25.07	426.21	75.21	501.43
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	4,959.67	59.04	944.70	177.13	1,121.83
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	712.43	8.48	127.22	25.44	152.66
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - France/Germ/UK	S/L	7	2,325.91	27.69	415.34	83.07	498.41
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	3,420.28	40.72	529.33	122.15	651.48
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Mexico	S/L	7	1,395.88	16.62	216.03	49.85	265.88
Cassan Maclean - patent services (Sports Equipment and Facility Disinfection)	S/L	7	160.00	1.90	24.76	5.71	30.48
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	5,298.80	63.08	756.97	189.24	946.21
Cassan Maclean - patent services (Sports Equipment & Facility)	S/L	7	265.60	3.16	37.94	9.49	47.43
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	3,172.32	37.77	84.53	113.30	197.83
Cassan Maclean - patent services (Sports Equipment & Facility)	S/L	7	701.10	8.35	83.46	25.04	108.50
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	1,791.78	21.33	191.98	63.99	255.97
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	1,705.06	20.30	142.09	60.90	202.98
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Mexico	S/L	7	1,240.00	14.76	88.57	44.29	132.86
Cassan Maclean - patent services (TOMI Environment)	S/L	7	392.00	4.67	28.00	14.00	42.00
Cassan Maclean - patent services (Food-Handling Facility)	S/L	7	2,570.88	30.61	153.03	91.82	244.85
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	3,588.78	42.72	170.89	128.17	299.07
Cassan Maclean - patent services (Healthcare Facility Disinfecting System)	S/L	7	2,509.91	29.88	119.52	89.64	209.16
Cassan Maclean - patent services (Bio-Terrorism Counteraction) - Mexico	S/L	7	309.60	3.69	11.06	11.06	22.11
Cassan Maclean - patent services (Sports Equipment & Facility)	S/L	7	366.66	4.37	-	13.10	13.10
Totals			430,075.28		312,459.51	10,929.29	323,388.80
					Accum Amort		312,459.51
					Amnt to record		10,929.29

EXHIBIT C

EXHIBIT C

<u>Creditors</u>	<u>Amount</u>	<u>Purpose</u>
American Stock Transfer	953.00	Stock Transfer Agent
Canadian Foundation for Global Health	26,745.32	Operations of Canadian Foundation
Ceridian Corporation	271.53	Payroll Process Fee
Ceridian Payroll	90,715.20	Payroll
Ceridian Payroll US	21,792.00	Payroll
Durham Jones & Pinegar	15,000.00	Legal representation
Federal Filings, LLC	1,979.00	SEC Edgar filing fees
Gary Hanauer	4,833.00	Investor relations
Hogan Lovells US LLP	10,000.00	FDA regulatory counsel
John Pentony	5,039.80	Public relations
Kaylene Kotter	5,806.00	Accounting contractor
Larson Zirzow & Kaplan LLC	15,000.00	Bankruptcy legal representation
Level 3 Communications, LLC	122.11	Conference calling
Parfco, LLC	999.89	Kalamazoo landlord
PR Newswire	2,315.00	Press releases
Premium Assignment Corporation	15,154.93	Insurance finance company
Ruby Receptionists	509.00	Receptionist firm
Securities and Exchange Commission	108.51	Registration fees
Tanner, LC	2,400.00	External accountants
USHIO America	2,500.00	Supplier
Wells Fargo Bank	574.49	Bank fees
Grand Total	222,818.78	

**United States Bankruptcy Court
District of Nevada**

In re Medizone International, Inc.

Debtor(s)

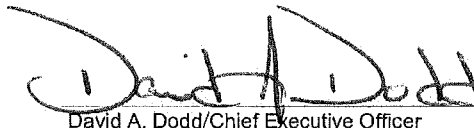
Case No. _____

Chapter 7

VERIFICATION OF CREDITOR MATRIX

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 8, 2018



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Signer/Title

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WINTHROP MA 02152-1235

DENISE A CARPENTER
338 OAKLAWN
HUNTSVILLE TX 77340

DENISE CARPENTER CUST
FBO SEAN PATRICK CARPENTER
UNDER THE TX UNIF GIFT MIN ACT
338 OAKLAWN
HUNTSVILLE TX 77340-6713

DENISE CARPENTER CUST
FBO CERRI ANN CARPENTER
UNDER THE TX UNIF GIFT MIN ACT
338 OAKLAWN
HUNTSVILLE TX 77340-6713

DENISE COPPLESTONE
PO BOX 101 113
NORTH SHORE CITY 1330
NEW ZEALAND

DENISE DEANN WILSON
10252 PARK STREAM DR
INDIANAPOLIS IN 46229-2193

DENISE HEREDEN
392 FOREST ST
ROCKLAND MA 02370-1121

DENISE M AUGER &
GISELLE A AUGER JT TEN
1600 MENDON RD
WOONSOCKET RI 02895

DENISE ROBLES
29 ASTOR CT
COMMACK NY 11725

DENNIS G MILLER &
LINDA C MILLER
924 SE 4TH ST
ANKENY IA 50021

DENNIS M RYDGRN
394 WESTERN DR
RICHMOND CA 94801

DENNIS MAKOWSKI
309 LAWRENCE AVE
NORTH PLAINFIELD NJ 07060
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DENNIS R LAVALLE
259 WINTER STREET
E BRIDGEWATER MA 02333-1039

DENNIS SCHABEN
240 W SYLVESTOR PLACE
LITTLETON CO 80129

DES GILLAM
47 TE KANAWA CRESCENT
HENDERSON
WATTAKERE CITY 1008
NEW ZEALAND

DIANE CHALIFOUX-JUDGE
9 LARKHILL RD
WEST ROXBURY MA 02132

DIANE JOHNSON TATELBAUM &
IRA RUBIN TATELBAUM
47 GARDINER RD
QUINCY MA 02169

DIANE MCEVOY
C/O DIANE MCEVOY FOX
148 WEST HOBART GAP ROAD
LIVINGSTON NJ 07039-5210

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DONALD STEWART DAWSON JT TEN
109 ESKDALE ROAD
BIRKENHEAD AUCKLAND
NEW ZEALAND

DIANNE M MCLAUGHLIN
9 ALTHEA RD
RANDOLPH MA 02368

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MIDLAND TX 79701

DINO A MANIACI
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MADISON WI 53705-5031

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HONOLULU HI 96810

DIRECTOR OF FIANANCE STATE OF HI
UNCLAIMED PROPERTY BRANCH
BOX 150
HONOLULU HI 96810

DIRECTOR OF FINANCE- STATE OF HI
UNCLAIMED PROPERTY
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HONOLULU HI 96810

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C/O DOLORES A PAULI
30 DRAYTON DRIVE
MANCHESTER NJ 08759-6052

DOLORES ANN PINSKI LIVING TRUST
DEE PINSKI TRUSTEE
435 L'AMBIANCE KEY DRIVE
LONGBOAT KEY FL 34228

DOLORES ANN PINSKI LIVING TRUST
435 L'AMBIANCE DRIVE
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SHAWN MCGROARTY JT TEN
13 WESTGATE DR
ERIAL NJ 08081

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DOMENICO MUSOLINO &
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6 FABER RD
PARSIPPANY NJ 07054-4305

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PHILA PA 19135

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11419 ORCAS AVENUE
LAKE VIEW TERRACE CA 91342

DON CASSEL &
BETH CASSEL
11208 N AVE P
LA PORTE TX 77571-9459

DON LOWE
PO BOX 598
NANTON ALBERTA TOL IRO
CANADA

DON LOWE
BOX 338
NANTON AB TOL 1R0
CANADA

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SALLY G SIMPSON JT TEN
75 SETTLORS RD
NEWPORT NEWS VA 23606-2057

DON W VOYLES
RT 3 COZ 116-A
LUBBOCK TX 79401

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WINIFRED D ROSS TR
4470 S LEMAY APT 916
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MARTHA S HOCK, JT TEN
101 SHEFFIELD DR
RACINE WI 53402

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NANTON AB TOL-1R0
CANADA

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2541 AMESBURY RD
WINSTON SALEM NC 27103

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4232 OLD STAGE RD
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JANICE L MCEWAN JT TEN
49 SALISBURY PL
MOSGIEL 9024
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DONALD M NYGAARD &
MARILYN R NYGAARD JT TEN
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SHOREVIEW MN 55126

DONALD M NYGAARD C/F
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1070 COBB RD
SHOREVIEW MN 55126

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DUNNELLO FL 34431-3035

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CROFTON MD 21114-1525

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S PLAINFIELD NJ 07080-2702

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66 SO GAITHER AVE
NEWTON NC 28658

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MARY J CUMMINGS JT TEN
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SEBRING FL 33870-9612

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MT ROSKILL AUCKLAND 1041
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4964 KALANI DR
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EDWARD ROWLEY LEES
180 MARAETAI DR
MARAETAI
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JACKSONVILLE FL 32207

EDWIN W HELD JR &
LESLIE E HELD JT WROS
301 RIVERPLACE BLVD STE 1916
JACKSONVILLE FL 32207

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301 RIVERPLACE BLVD STE 1916
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BOX 262
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INDIANAPOLIS IN 46226-4011

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ELIZABETH M VANWIENEN TTEE
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ELIZABETH MCGRATH
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966 N 100 ST 409
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BOULDER CO 80303

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SILVERSTREAM WELLINGTON
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MAPLESVILLE AL 36750

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RD 1 HELENSVILLE
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RR 2 BOX 196 BELLS CHAPEL RD
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FREDERIC W ERNST TTEE
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OCENASIDE CA 92056

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6171 E LANE
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RR 2 RTE 194C
NEWPORT VT 05855

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CATHY HENDERSON
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12010 WADDELL CREEK RD
OLYMPIA WA 98502-9336

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MARIAN B CUMMINGS JT TEN
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INDIAN HBR BCH FL 32937-4172

GARY A SPATH
2300 COUNTRY LN 7
GASTON OR 97119

GARY CLEMENTS &
JIM CLEMENTS JT TEN
C/O FOGCUTTER
3805 UNIVERSITY DRIVE
HUNTSVILLE AL 35816-3170

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WEST JORDAN UT 84084-1842

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SIMI VALLEY CA 93063

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15 WHITAKER PL
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DRURY AUCKLAND
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MICHAEL DELLA DONNA &
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SANDY POND RD
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MICHAEL ELIAS
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MICHAEL ESTEB
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NAPLES FL 34120-2685

WILLIAM F REEVES
5417 ALTA MESA BLVD
FORT WORTH TX 76123

WILLIAM FRED BROCK JR &
BEVERLY BROCK
3220 HIKING TRAIL
RALEIGH NC 27615

WILLIAM G BALELO
3109 CONNORS DR
LAS VEGAS NV 89107-3225

WILLIAM H FARLEY
2899 SPORTSMAN CLUB RD
NEWARK OH 43055

WILLIAM HENRY NIEBERDING
6 BARINGA PLACE
HOWICK
AUCKLAND 1705
NEW ZEALAND

WILLIAM HITT
C/O MEDIZONE INTERNATIONAL INC
144 BUENA VISTA
P O BOX 742
STINSON BEACH CA 94970

WILLIAM J BATES JR &
CAROL A BATES JT TEN
33 HART SHORN ST
WESTBRIDGEWATER MA 02379-1409

WILLIAM J COURTNEY
36 GARY ST
WEYMOUTH MA 02189

WILLIAM J PENNY
1313 JOHNSON DRIVE 313
ROCKAWAY NJ 07866-5906

WILLIAM J RAPOSA &
MARIE A RAPOSA JT TEN
1057 MAIN RD
TIVERTON RI 02878

WILLIAM J ROCHE &
ELAINE M ROCHE JT TEN
214 DEPOT ST
SO EASTON MA 02375-1534

WILLIAM L HOLTON
CAMPBELL DR
ABERDEEN OH 45101

WILLIAM LESLIE STODDARD
13 ROTHESAY BAY RD
AUCKLAND
NEW ZEALAND

WILLIAM M ARMSTRONG
219 5TH ST NE
WASHINGTON DC 20002-5919

WILLIAM M HALL &
MARIE A HALL JT TEN
1245 COMMERCE BLVD STE 1
AMERICAN CANYON CA 94503-9611

WILLIAM M WHITTEMORE
12 LONGMEADOW LANE
MEDWAY MA 02053

WILLIAM MARCEAU
BOX 8
SAEGERTOWN PA 16433

WILLIAM MC CLOSKEY
12137 ASTER RD
PHILA PA 19154

WILLIAM MC NAIR
5809 SPRUCE
PHILADELPHIA PA 19139

WILLIAM OLIVER
21 TAIPAN PLACE
TAKANINI
AUCKLAND 1702
NEW ZEALAND

WILLIAM P JAMES
820 SNOW HILL RD
DURHAM NC 27712-3638

WILLIAM PANAI
37 DONATO DR
CEDAR GROVE NJ 07009

WILLIAM R THOMAS
1300 BUCKHORN DR
SIERRA VISTA AZ 85635-1357

WILLIAM ROSA
304 SUMMER ST
BRIDGEWATER MA 02324

WILLIAM ROSS GRACE &
PAUL LANGDON GRACE JT WROS
139 LUCKENS RD WEST HARBOUR
AUCKLAND
NEW ZEALAND

WILLIAM ROY AVENELL
50 MAYGROVE DR OREWA
AUCKLAND
NEW ZEALAND

WILLIAM SALEK
5 MADISON HEIGHTS
WYCKOFF NJ 07481

WILLIAM T AULT
BOX 122
ROCKY FACE GA 30740

WILLIAM W MARTIN
6 MEADOW LANE
TITUSVILLE PA 16354

WILLIAM WILSON
1923 SANSBURY'S WAY
WEST PALM BEACH FL 33411

WILLIE WILEY JR &
GEORGIA L WILEY
6508 SHERRY DR
LITTLE ROCK AR 72204

WILLIS R CRADDICK TR
6/20/86
FBO WILLIS R CRADDICK TR
1668 ONEAWA WAY
HILO HI 96720

WING H CHAN
77 FULTON STREET
APT 17M
NEW YORK NY 10038-1829

WL BROOKS
P.O. BOX 25
DRURY AUCKLAND
NEW ZEALAND

YEHUDA BITTONS CUST
27-18 WEST DR
DOUGLASTON NY 11363

YITZCHOK GOLDBERG
3 ALGONQUIN CIR
AIRMONT NY 10952

YOLANDE ST ARNAUD
4316 RUE CHAMBORD
MONTREAL QUEBEC H3J 3M2
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YONEKO PEALER
212 BEAVER DRIVE
MECHANICSBURG PA 17055

YUHWANG CHENG
22 PLAYERS CIRCLE
TINTON FALL NJ 07724

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